## DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION

As a below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

## DERIVATIVES OF LASPARTOMYCIN AND PREPARATION AND USE THEREOF

and for which a patent application:

₹ is attached hereto and includes amendment(s) filed on regolates

El was filed in the United States on as Application No. The resource rate inspector in the control of the Contr

with amendment(s) filed on or agreed

© was filed as PCT international Application No. on and was amended under PCT Article 19 on straightains.

Thereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above.

Lacknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37. Code of Federal Regulations, \$1.56.

Thereby claim foreign priority benefits under Title 35. United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES D NO D	
			YES D NO D	

Thereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional application(s) listed below

PROVISIONAL APPLICATION NUMBER	FILING DATE
219,025	July 17, 2000
1 220,950	July 26, 2000

Thereby claim the benefit under fitle 35. United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35. United States Code §112. Lacknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37. Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

NON-PROVISIONAL APPLICATION SERIAL NO	FILING DATE	STATUS		
		PATENTED	PENDING	AB ANDONED
09.760,328	January 12, 2001		V	

.

<sup>\*</sup> for use only when the application is assigned to a company, partnership of other organization.

Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	Forders	Donald	MIDDLE NAME B		
<u> </u>	PESIDENCE & CITIZENSHIP	Suffern	SUITOR FOR HOS COUNTRY	CANTRA DE CHIZENSHIP USA		
†  -  -	POST OFFICE ADDRESS	13 Heatherhill Lane	cuy Suffern	S Medikod MRY NY	7/P CODE 10901	
L		SIGNATURE OF INVESTOR 2.1		LATE		
	FULL NAME OF INVENTOR	LAST NAME Curran	HEST SAME William	VIDDLE NAME V		
	PESIDENCE & CITIZENSHIP	eire Pearl River	S1 JE OR FOREIGN COUNTRY	CRNIKS OF CILITENSHIP USA		
	POS LOFFICE ADDRESS	27 Harding Street	Pearl River	s ateoreousika NY	ин сорь 10965	
L		SIGNATURE OF INVENTOR 252	-	DATE		
	FULL NAME OF INVENTOR	LASTNAME Fantini	EBST NAME Amedeo	MIDDLENAME A		
	PESIDENCE & CITILIENSHIP	ony New City	SE REORIORHON OUNTRY NY	COUNTRY OF CHIPENSHIP USA		
}	POST OFFICE ADDRESS	STREET 2 The Glen	New City	SINIBORG ANIRY NY	лич он 10956	
L		SIGNATURE OF INVENTOR 2-3		LMF		
	FULL NAME OF INVENTOR	rast NAMI Francis	HESE SAME Noreen	VIDITE NAME D		
	RESIDENCE & CTILLENSHIP	ens Harriman	SI (1) OR FOREIGN COUNTRY	COUNTRY OF CHIZINSHIP USA		
	POST OFFICE ADDFESS	STREET 12 Brookside Drive West	et v Harriman	STAIL OR COUNTRY	7926	
		SIONALI REGENCIANO 6 1 3		LMI		
	FULL NAME OF INVENTOR	LASLNAMI Jarolmen	Howard	Astrona Sami		
	EESIDENCE & CHIL/ENSHIP	 Fair Lawn	Construction of State St	USA		
	POST OFFICE ADDRESS	26-07 Merritt Place	Fair Lawn	Charge and the any	07410	
Į.		Company of the Annal Market Company		0.478		

121

## PENNIE & EDMON DOCKET NO. 8067-113-909

2 0 6	FULL NAME OF INVENTOR	Reese	Richard	Milita Syna A	
	RESIDENCE & CITIZENSHIP	-m Suffern	NY	USA	
	POST OFFICE ADDRESS	STREET:  7 Marget Ann Lane	us Suffern	STATE CROSSINGS	205 (0) 10901
		SECURIORI E PROGRAMA		10013	